

Health Care Workforce Diversity Network meeting

March 12, 2002

Present:

Dr. Charles Weatherby, WSMA
Judy Huntington, WSNA
Joe Finkbonner, WSBOH
Vickie Ybarra, WSBOH
Gloria Rodriguez, WACMHC
Troy Hutson, WS Hospital Assoc.
Donna Russell, Dept. of Health
Darrell Mihara, North Seattle Community College
Marie Flake, DOH
Diana Cantrell, UW pediatric dentistry
Rhonda Coats, SBCTC
Kim Moore, UW student
Laura-Mae Baldwin, UW CHWS
Madeleine Thompson, WTECB
Larry Linn, DSHS/MAA
Cristina Guillen-Cook, Tacoma Pierce Co. Health Dept.
Steve Melzer, WSU-AHEC
Su Nelson, North Seattle Community College
Pam Hayes, DOH
June Beleford, Public Health-Seattle-King Co
Tina Abbott, Public Health-Seattle-King Co
Katharine Sanders, WA Health Foundation
Sarena Seifer, Community Campus Partnerships for Health
Christine Edgar, UW School of Public Health and Community Medicine
Jack Thompson, UW SPHCM
Terry Tatko, WW AHEC
Mary Conway, Senator Patty Murray's office
Kathy McVay, DOH
Marianne Seifert, WSBOH

BACKGROUND:

WSBOH member and Health Disparities committee chair Joe Finkbonner gave a quick background of the Board's work on health disparities, beginning with a brainstorming meeting on March 8, 2000 at the Seattle Indian Health Board which lead to identification of people involved in health workforce development. A May 9, 2001 WSBOH meeting in Tacoma focused on developing a broader pipeline that graduated more minority students.

The Health Care Workforce Diversity Network has been convened under the leadership of Judy Huntington and Dr. Weatherby to address recommendations developed by the Board's *Health Disparities workgroup*.

Many groups are looking at workforce shortages and many strategies are needed to address improving health workforce diversity. Some of these strategies may be tangential to the network's workplan, noted as a "parking lot" issue, and looked at for future refinement.

DATA Issues:

A CLEARINGHOUSE is needed as a central source of information on what is going on, who's missing, what resources we have, what we need to improve health workforce diversity.

HOW DO WE CHANGE THINGS? The WSNA doesn't track ethnic/racial background of members due to history and members not reporting it, but diversity in the field of nursing is "pitiful." The same is true for physicians -- according to the Board's Health Disparities report regarding the number of African American physicians -- 7% are needed but we have 2% -- this hasn't changed in 25 years.

CLEARINGHOUSE questions: how to compile?

Steve said the Office of Community & Rural Health, WSHA experienced that if information was only 80% correct it was better than nothing. Steve suggested there was a lack of communication between organizations, about how HRSA money is used, and a need for a statewide effort on information tracking and information on the K-12 pipeline also.

Questions were asked:

1. who is the audience for the information? us? the public?
2. should the information be kept electronically, on a website, or with a specific person, at an office? where should it reside?
3. what information do we want to collect?

The Board has a beginning of clearinghouse from Donna's time at the Board, and a template used to collect information, that this group can review and decide what information should be collected.

Possible clearinghouse models: "4people.org" website, the Chelan-Douglas Health Dept. electronic rolodex where people can enter program info., the "discoverhealthcare.org" website, and Vickie -- E WA -- health care career ladder info -- ask Terry T.

The purpose of group and possible outcomes: advisory, develop plan(s) to improve diversity, provide input to legislature; to make recommendations as to how to link and pursue funds; to link and coordinate resources and organizations

Rhonda Coats suggested we identify pieces we're interested in and form subgroups to make it happen! She volunteered to head #3!

Jack volunteered for #2. He and Janice Taylor are working on the Public Health Improvement Plan (PHIP) enumeration project to identify who makes up the public health workforce, and race/ethnicity is part of this. They are also working on developing training based on competencies, and incentives for organizations staff to get training.

LMB offered to work with Jack. The Center for Public Health Workforce has Bureau of Health Professions funding to identify the best way to look at the workforce. The Center has the capacity to work with program to evaluate -- quantitatively and qualitatively -- what helps attract Native American students to medical schools.

Madelaine suggested not overburdening employers with multiple surveys, that local regions are gathering information. Directors of workforce development councils (WEDO?), skills panels, and other partnerships are working on labor shortages. They're not working on diversity, however, and need to be worked with...

Suggestion was made to look at not just workplaces, but also people graduating, and entering the workplace, that we don't want to over sample, but have consistent/comparable data. Also that R W Johnson funds states to identify critical data elements.

Jack emphasized that it's very important to coordinate efforts!! He invited anyone interested in public health workforce enumeration to a meeting of the PHIP enumeration group on April 23 here in Kent (email him at jackt@u.washington.edu).

Tying enumeration to licensing was suggested as the necessary and logical point to collect data.

Steve is working with AHECS on collecting rural practitioners information: to what extent are we importers. They are looking at the primary care workforce -- not nursing, mental health, public health, or dental hygienists. Dentists. They are not collecting race/ethnicity data, and asked what Federal or state statutes prohibit collecting race/ethnicity? None.

SPI is collecting race/ethnicity now with testing info.

DATA discussion: The only way to show if programs are effective is to collect data, or we'll be here in the future. On the other hand we have some data, such as the WSHA data and others -- perhaps we need to accept that diversity is a problem and invest resources in addressing the causes. Although information is collected, but not the way we need it -- we don't collect ethnicity/race data.

We need to identify barriers to collecting data, to guide policy for the future, and to get funding. Regarding barrier to WSNA enumerating race and ethnicity of membership, a lot of coordination is needed with other groups that represent nurses -- the logical place to collect the data is at the Dept. of Licensing. Only WSHA study provides the needed data -- data needed for educational preparation, to identify specialty areas needed.

It was suggested that the professional organizations could work with licensing board to encourage data collection.

CENTER FOR NURSING: 13 states have centers for nursing to collect and analyze data. Opportunities to work with Oregon, share software, have separate support exist, and WSNA intends to seek funding for this. Nurses about 50% of health care workforce. Pipeline ladder, policy needs, education needs, change in workplace, total picture of profession would be included. A Center for Nursing would coordinate with hospitals, Jack T's work, educational programs, etc.

Troy asked that other health professions not be neglected. There is commonality across professions and a need to communicate about all of them.

RECRUITMENT:

There is a need to be global and to think about recruitment -- we need everyone at the table, and partnerships with community organizations.

Recruitment needs to be at junior high and high school level.

Programs need to have ongoing funding and become institutionalized.

Recruitment efforts need to be more inclusive; diversity needs to be incorporated into broader recruitment efforts.

Convince people of the importance of diversity.

Include diversity efforts in cultural competency work.

AHECS and DOH try to coordinate recruitment efforts -- AHECS work in rural, underserved areas, and are working more with community organizations and parents, although churches are missing.

Kim has been involved in several minority recruitment and retention programs at the UW: Office of Minority Affairs & Sciences program, MAPHS, written articles, done outreach in Seattle, BRIDGES (remedial math & sciences, scholarships, research opportunities, mentors).

UW School of Public Health needs to focus on diversity and to work on pipeline.

The Washington health professions schools need to be more attractive to minorities. Programs elsewhere are much more attractive. No information on minorities in schools of pharmacy & dentistry reflects to students that the schools don't care about diversity. The capacity of programs and schools creates a bottleneck, and the pool of minority candidates is limited. As recruitment efforts increase and become more competitive, many top candidates may go elsewhere.

WA Health Occupation Educators Association (ask Terry T) have set up a program to help students, but they need resources!!

SUPPORT FOR Health Care Workforce Diversity Network:

Questions were raised about what type of support the group has, and the mission of the group.

Joe suggested that people here are involved and working on the issues. The Board identified shortfalls in efforts. Each of you who have grant sources can combine efforts to be more effective, incorporate improving diversity, develop the pipeline, and identify where to target resources. In a year or so the network reports back to the Board with recommendations and strategies to improve diversity. The Board can help identify where the recommendations should go, and provide a public forum.

GROUPS:

Sarena suggested that other subgroups should have representatives in #4. Work from 2,3,4 will flow into group 1.

Group 1, Coordinate Health Workforce Diversity Efforts: Joe, Tina

Marianne will email out template for collecting information on diversity efforts and get feedback from group.

Questions: Where should the clearinghouse be located? Who's the audience?

It should include not just a listing programs and resource links -- the Washington Health Foundation resource book does that already. Include also scholarship and health career recruitment programs, such as the "Dollars for Scholars" program, that encourages community students to continue their education.

Kathy (DOH) would like to be able to identify and fund a student's education. Her program manages \$2.67 mill per biennium.

Group 2, Enumeration: Jack Thompson, Laura Mae Baldwin, Gloria Rodriguez, Steve Melzer, Vince Schueller, Janice Taylor, Pam Hayes, Donna Russell, Kathy McVay will carry info back to DOH.

Group 3, Health Career Pipeline: Rhonda, Christine (UW), June, Steve, Madeleine, Terry, Troy, Kathy, Tina, Gloria Rod, Sarena, Vickie, Theresa Stone, Charles, Darrell, Judy

Group 4, Funding: Sarena, Katherine, Vickie, Bill Beery (?), Steve, Kathy. Sarena will schedule meeting with group 4.

Conference calls will be needed (Marianne will check to see if Board has funding)

Marianne will work with chairs to set up meetings. Sarena will set up Group 4 meeting(s).

It was suggested that the larger group meet quarterly, and meet next June 11, 1 - 3pm.

Mary Conway mentioned a HRSA video filmed in Contra Costa county that might be a good recruitment tool -- when she saw it students responded with wanting to get involved in the health professions. Katherine Sanders has video. She suggested that it might be useful to have a similar video filmed in WA state.

Include in next meeting: WDEW (Workforce Development Executives of WA) ask Mad T for email)